

SCHEDULE H (Form 5500) Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ACK_ID ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
For calendar plan year 2016 or fiscal plan year beginning <u>SCH_H_PLAN_YEAR_BEGIN_DATE</u> and ending <u>SCH_H_TAX_PRD</u>		
A Name of plan	B Three-digit plan number (PN) ▶ <u>SCH_H_PN</u>	
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN) <u>SCH_H_EIN</u>	

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	<u>NON_INT_BEAR_CASH_BOY_AMT</u>	<u>NON_INT_BEAR_CASH_EOY_AMT</u>
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions.....	<u>1b(1) EMPLR_CONTRIB_BOY_AMT</u>	<u>EMPLR_CONTRIB_EOY_AMT</u>
(2) Participant contributions.....	<u>1b(2) PARTCP_CONTRIB_BOY_AMT</u>	<u>PARTCP_CONTRIB_EOY_AMT</u>
(3) Other.....	<u>1b(3) OTHER_RECEIVABLES_BOY_AMT</u>	<u>OTHER_RECEIVABLES_EOY_AMT</u>
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	<u>1c(1) INT_BEAR_CASH_BOY_AMT</u>	<u>INT_BEAR_CASH_EOY_AMT</u>
(2) U.S. Government securities	<u>1c(2) GOVT_SEC_BOY_AMT</u>	<u>GOVT_SEC_EOY_AMT</u>
(3) Corporate debt instruments (other than employer securities):	<u>CORP_DEBT_PREFERRED_BOY_AMT</u>	
(A) Preferred	<u>1c(3)(A) CORP_DEBT_PREFERRED_BOY_AMT</u>	<u>CORP_DEBT_PREFERRED_EOY_AMT</u>
(B) All other.....	<u>1c(3)(B) CORP_DEBT_OTHER_BOY_AMT</u>	<u>CORP_DEBT_OTHER_EOY_AMT</u>
(4) Corporate stocks (other than employer securities):	<u>CORP_STOCK_BOY_AMT</u>	
(A) Preferred	<u>1c(4)(A) PREF_STOCK_BOY_AMT</u>	<u>PREF_STOCK_EOY_AMT</u>
(B) Common.....	<u>1c(4)(B) COMMON_STOCK_BOY_AMT</u>	<u>COMMON_STOCK_EOY_AMT</u>
(5) Partnership/joint venture interests	<u>1c(5) JOINT_VENTURE_BOY_AMT</u>	<u>JOINT_VENTURE_EOY_AMT</u>
(6) Real estate (other than employer real property).....	<u>1c(6) REAL_ESTATE_BOY_AMT</u>	<u>REAL_ESTATE_EOY_AMT</u>
(7) Loans (other than to participants)	<u>1c(7) OTHER_LOANS_BOY_AMT</u>	<u>OTHER_LOANS_EOY_AMT</u>
(8) Participant loans.....	<u>1c(8) PARTCP_LOANS_BOY_AMT</u>	<u>PARTCP_LOANS_EOY_AMT</u>
(9) Value of interest in common/collective trusts	<u>1c(9) INT_COMMON_TR_BOY_AMT</u>	<u>INT_COMMON_TR_EOY_AMT</u>
(10) Value of interest in pooled separate a <u>INT_POOL_SEP_ACCT_BOY_AMT</u>	<u>c(10)</u>	<u>INT_POOL_SEP_ACCT_EOY_AMT</u>
(11) Value of interest in master trust investment accounts	<u>1c(11) INT_MASTER_TR_BOY_AMT</u>	<u>INT_MASTER_TR_EOY_AMT</u>
(12) Value of interest in 103-12 investment entities.....	<u>1c(12) INT_103_12_INVST_BOY_AMT</u>	<u>INT_103_12_INVST_EOY_AMT</u>
(13) Value of interest in registered investment companies (e.g., mutual funds).....	<u>1c(13) INT_REG_INVST_CO_BOY_AMT</u>	<u>INT_REG_INVST_CO_EOY_AMT</u>
(14) Value of funds held in insurance compa <u>INS_CO_GEN_ACCT_BOY_AMT</u>	<u>c(14)</u>	<u>INS_CO_GEN_ACCT_EOY_AMT</u>
(15) Other.....	<u>1c(15) OTH_INVST_BOY_AMT</u>	<u>OTH_INVST_EOY_AMT</u>

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	EMPLR_SEC_BOY_AMT	EMPLR_SEC_EOY_AMT
(2)	Employer real property	EMPLR_PROP_BOY_AMT	EMPLR_PROP_EOY_AMT
e	Buildings and other property used in plan operation	BLDGS_USED_BOY_AMT	BLDGS_USED_EOY_AMT
f	Total assets (add all amounts in lines 1a through 1e)	TOT_ASSETS_BOY_AMT	TOT_ASSETS_EOY_AMT
Liabilities			
g	Benefit claims payable	BNFTS_PAYABLE_BOY_AMT	BNFTS_PAYABLE_EOY_AMT
h	Operating payables	OPRTNG_PAYABLE_BOY_AMT	OPRTNG_PAYABLE_EOY_AMT
i	Acquisition indebtedness	ACQUIS_INDBT_BOY_AMT	ACQUIS_INDBT_EOY_AMT
j	Other liabilities	OTHER_LIAB_BOY_AMT	OTHER_LIAB_EOY_AMT
k	Total liabilities (add all amounts in lines 1g through 1j)	TOT_LIABILITIES_BOY_AMT	TOT_LIABILITIES_EOY_AMT
Net Assets			
l	Net assets (subtract line 1k from line 1f)	NET_ASSETS_BOY_AMT	NET_ASSETS_EOY_AMT

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	EMPLR_CONTRIB_INCOME_AMT	
	(B) Participants	PARTICIPANT_CONTRIB_AMT	
	(C) Others (including rollovers)	OTH_CONTRIB_RCVD_AMT	
(2)	Noncash contributions	NON_CASH_CONTRIB_BS_AMT	
(3)	Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)		TOT_CONTRIB_AMT
b	Earnings on investments:		
(1)	Interest:		
(A)	Interest-bearing cash (including money market accounts and certificates of deposit)	INT_BEAR_CASH_AMT	
(B)	U.S. Government securities	INT_ON_GOVT_SEC_AMT	
(C)	Corporate debt instruments	INT_ON_CORP_DEBT_AMT	
(D)	Loans (other than to participants)	INT_ON_OTH_LOANS_AMT	
(E)	Participant loans	INT_ON_PARTCP_LOANS_AMT	
(F)	Other	INT_ON_OTH_INVST_AMT	
(G)	Total interest. Add lines 2b(1)(A) through (F)		TOTAL_INTEREST_AMT
(2)	Dividends: (A) Preferred stock	DIVND_PREF_STOCK_AMT	
	(B) Common stock	DIVND_COMMON_STOCK_AMT	
	(C) Registered investment company shares (e.g. mutual funds)	REGISTERED_INVST_AMT	
(D)	Total dividends. Add lines 2b(2)(A), (B), and (C)		TOTAL_DIVIDENDS_AMT
(3)	Rents		TOTAL_RENTS_AMT
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	AGGREGATE_PROCEEDS_AMT	
	(B) Aggregate carrying amount (see instructions)	AGGREGATE_COSTS_AMT	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result		TOT_GAIN_LOSS_SALE_AST_AMT
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	UNREALZD_APPRCTN_RE_AMT	
	(B) Other	UNREALZD_APPRCTN_OTH_AMT	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)		TOT_UNREALZD_APPRCTN_AMT

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	GAIN_LOSS_COM_TRUST_AMT
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	GAIN_LOSS_POOL_SEP_AMT GAIN_LOSS_MASTER_TR_AM
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	GAIN_LOSS_103_12_INVST_AMT
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	GAIN_LOSS_REG_INVST_AMT
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	OTHER_INCOME_AMT
c Other income	2c	TOT_INCOME_AMT
d Total income. Add all income amounts in column (b) and enter total	2d	

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	DISTRIB_DRT_PARTCP_AMT
(2) To insurance carriers for the provision of benefits	2e(2)	INS_CARRIER_BNFTS_AMT
(3) Other	2e(3)	OTH_BNFT_PAYMENT_AMT
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	TOT_DISTRIB_BNFT_AMT
f Corrective distributions (see instructions)	2f	TOT_CORRECTIVE_DISTRIB_AMT
g Certain deemed distributions of participant loans (see instructions)	2g	TOT_DEEMED_DISTR_PART_LNS_AMT
h Interest expense	2h	TOT_INT_EXPENSE_AMT
i Administrative expenses: (1) Professional fees	2i(1)	PROFESSIONAL_FEES_AMT
(2) Contract administrator fees	2i(2)	CONTRACT_ADMIN_FEES_AMT
(3) Investment advisory and management fees	2i(3)	INVST_MGMT_FEES_AMT
(4) Other	2i(4)	OTHER_ADMIN_FEES_AMT
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)	TOT_ADMIN_EXPENSES_AMT
j Total expenses. Add all expense amounts in column (b) and enter total	2j	TOT_EXPENSES_AMT

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	NET_INCOME_AMT
l Transfers of assets:		
(1) To this plan	2l(1)	TOT_TRANSFERS_TO_AMT
(2) From this plan	2l(2)	TOT_TRANSFERS_FROM_AMT

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):
 (1) Unqualified (2) Qualified (3) Disclaimer (4) Adverse ACCT_PERFORMED_LTD_AUDIT_IND

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or ACCTNT_OPINION_TYPE_CD Yes No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: ACCOUNTANT_FIRM_NAME (2) EIN: ACCOUNTANT_FIRM_EIN

d The opinion of the independent qualified public accountant is **not attached** because:
 (1) This form is filed for a CCT, PSA, or MTIA. (2) It will be attached to ACCT_OPIN_NOT_ON_FILE_IND Form 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failure fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	FAIL_TRANSMIT_CONTRIB_IND		FAIL_TRANSMIT_CONTRIB_AMT
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	LOANS_IN_DEFAULT_IND		LOANS_IN_DEFAULT_AMT

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="LEASES_IN_DEFAULT_AMT"/>
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="PARTY_IN_INT_NOT_RPTD_AMT"/>
e Was this plan covered by a fidelity bond?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="PLAN_INS_FDLTY_BOND_AMT"/>
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="LOSS_DISCV_DUR_YEAR_AMT"/>
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="ASSET_UNDETERM_VAL_AMT"/>
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="NON_CASH_CONTRIB_AMT"/>
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, see instructions for format requirements.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="AST_HELD_INVST_IND"/>
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="FIVE_PRCNT_TRANS_IND"/>
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="ALL_PLAN_AST_DISTRIB_IND"/>
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="FAIL_PROVIDE_BENEFIT_DUE_AMT"/>
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="PLAN_BLACKOUT_PERIOD_IND"/>
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="COMPLY_BLACKOUT_NOTICE_IND"/>
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="DISTRIB_MADE_EMPLOYEE_62_IND"/>

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the plan. Yes No Amount:

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
<input type="text" value="TABLE: Efast_09.F_sch_h_part1_2009"/>	<input type="text" value="PLAN_TRANSFER_EIN"/>	<input type="text" value="PLAN_TRANSFER_PN"/>

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance? Yes No Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year.

Part V Trust Information

6a Name of trust <input type="text" value="FDCRY_TRUST_NAME"/>	6b Trust's EIN <input type="text" value="FDCRY_TRUST_EIN"/>
6c Name of trustee or custodian <input type="text" value="FDCRY_TRUST_CUST_NAME"/>	6d Trustee's or custodian's telephone number <input type="text" value="FDCRY_TRUST_CUST_PHON_NU_FORE"/>